

# ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL LVIII

JANUARY 1954

No 1

# ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Editor: GRIFFITH EDWARDS.

Manager: DAVID FAIRBURN.

Charterhouse Representative: MISS N. COLTART.

January, 1954

Editorial	...
Medical Education	...
Clinic. Bennetsville, South Carolina, 1948, by Nell Commager	...
Perthe's Incision, by R.B.P.	...
Notes on Some Surgical Dressings, by J. R. Elliot	...



**A vitamin prescription suitable**



**for patients of all ages...**



# W A P A G

VITAMIN A

VITAMIN B<sub>1</sub>

VITAMIN C

VITAMIN D

Available in bottles of  
6 fl. oz. 3/9  
40 fl. oz. 21/-

Each fluid ounce contains at time of manufacture

VITAMIN A . . . 20,000 I.U.

VITAMIN B<sub>1</sub> . . . 4.0 mg.

VITAMIN C . . . .80 mg.

VITAMIN D . . . 3,000 I.U.



Literature available on request to:-

VITAMINS LIMITED (DEPT. G 92), UPPER MALL, LONDON, W.6

## Latest BOOKS Proven

### CLINICAL MEDICINE IN GENERAL PRACTICE

Edited by JOHN FRY, M.B., B.S., F.R.C.S.  
Foreword by Sir HENRY COHEN, M.D., D.Sc., F.R.C.P. 27s. 6d.

### THE HEALTH OF THE COMMUNITY Principles of Public Health for Practitioners and Students.

By C. FRASER BROCKINGTON, M.D., F.R.C.P. 27s. 6d.

### TEXTBOOK OF GYNAECOLOGY

By WILFRED SHAW, M.A., M.D., F.R.C.S., F.R.C.O.G. Sixth Edition. 4 plates and 304 text-figures. 27s. 6d.

### THE ESSENTIALS OF MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS

By R. H. MICKS, M.D., F.R.C.P.I. Fifth Edition. 21s.

### STARLING'S PRINCIPLES OF HUMAN PHYSIOLOGY

Tenth Edition. By Sir CHARLES LOVATT STARLING, D.Sc., F.R.S., 709 illustrations. 52s. 6d.

### CHEMISTRY FOR MEDICAL STUDENTS

By W. V. THORPE, M.A., Ph.D. Tenth Edition. 41 illustrations. 22s. 6d.

### ESTHETICS FOR MEDICAL STUDENTS

GORDON OSTLER, M.A., M.B., M.R.C.S., (Eng.). Second Edition. 8s. 6d.

### RECENT ADVANCES IN ANAESTHESIA AND ALGESIA Including Oxygen Therapy

C. LANGTON HEWER, M.B., M.R.C.P., F.R.C.S. Seventh Edition. 179 illustrations. 30s.

### CHILDREN'S DISEASES OF THE EYE

Twelfth Edition. By Sir STEWART J. KE-ELDER, K.C.V.O., D.Sc., M.D., F.R.C.S. Coloured Plates and 465 Text-figures. 42s.

8, BEDFORD SQUARE, LONDON, W.1

# NAVY GIES



is a



## WHITBREAD



## PROTECTIVE CLOTHING

Whatever your requirements consult Charles Baker, specialists for over 60 years in supplying the needs of the Medical Profession.

WHITE LONG COATS in fully shrunk drill .. 25/10

WHITE JACKETS 3 patch pockets, fully shrunk 20/6

SURGEON'S GOWNS in special lightweight material .. 28/3

DENTAL COATS Top Grade .. 41/3

Write for price list. If unable to call, order by post. State measurements required and enclose 1/- extra for Postage and Packing. Satisfaction Guaranteed.

## Charles Baker

& COMPANY LIMITED

137-138 Tottenham Court Rd., London, W.1  
TELEPHONE: EUSTON 4721 (5 LINES)

# ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Editor: GRIFFITH EDWARDS.

Manager: DAVID FAIRBURN.

Charterhouse Representative: MISS N. COLTART.

January, 1954

## CONTENTS

Editorial	1	Auto-Suggestion, by P.J.S....	14
Medical Education	4	So To Speak . . .	15
Clinic. Bennetsville, South Carolina, 1948, by Nell Commager	8	In Praise of Ski-ing, by John Howkins	17
Perthe's Incision, by R.B.P.	10	Letters to the Editor	18
Notes on Some Surgical Dressings, by J. R. Elliot	11	Sport	19
		Recent Papers by Bart.'s Men	20

**A vitamin prescription suitable**

**for patients of all ages . . .**

Vitavel Syrup is exceptional, not only in containing vitamin B<sub>1</sub> in addition to vitamins A, C and D, but in being completely miscible with water and having no suggestion of taste or smell of fish oil. It can be taken undiluted or in water or soda water. Makes the ideal drink for the febrile or debilitated patient.

## VITAVEL Syrup

*The principal vitamins in a palatable orange base*



Available in bottles of  
6 fl. oz. 3/9  
40 fl. oz. 21/-

*Each fluid ounce contains at time of manufacture*

VITAMIN A . . . 20,000 I.u.	VITAMIN C . . . 80 mg.
VITAMIN B <sub>1</sub> . . . 4.0 mg.	VITAMIN D . . . 3,000 I.u.



*Literature available on request to:-*

VITAMINS LIMITED (DEPT. G 92), UPPER MALL, LONDON, W.6



## Latest ◇ BOOKS ◇ Proven

### CLINICAL MEDICINE IN GENERAL PRACTICE

Edited by JOHN FRY, M.B., B.S., F.R.C.S.  
Foreword by Sir HENRY COHEN, M.D., D.Sc., F.R.C.P. 27s. 6d.

### THE HEALTH OF THE COMMUNITY

*Principles of Public Health for Practitioners and Students.*

By C. FRASER BROCKINGTON, M.D., M.R.C.S., D.P.H. Foreword by Sir JOHN STOPFORD, M.D., Sc.D., LL.D., F.R.C.P., F.R.S. 32s.

### HUMAN EMBRYOLOGY

By BRADLEY M. PATTEN, M.A. Ph.D. *New (Second) Edition.* 2 Plates and 453 illustrations, many in Colour. 84s.

### COMMON DISEASES OF THE EAR, NOSE AND THROAT

By PHILLIP READING, M.S., F.R.C.S. *New (Second) Edition.* 2 Coloured Plates and 38 Text-figures. 22s. 6d.

### AN INTRODUCTION TO FUNCTIONAL HISTOLOGY

By G. E. BOURNE, D.Sc., D.Phil. 98 illustrations. 21s.

### AN APPROACH TO CLINICAL SURGERY

By G. H. C. OVENS, O.B.E., M.B., B.S., F.R.C.S. 118 illustrations 22s. 6d.

### TEXTBOOK OF GYNAECOLOGY

By WILFRED SHAW, M.A., M.D., F.R.C.S., F.R.C.O.G. *Sixth Edition.* 4 plates and 304 text-figures. 27s. 6d.

### THE ESSENTIALS OF MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS

By R. H. MICKS, M.D., F.R.C.P.I. *Fifth Edition.* 21s.

### STARLING'S PRINCIPLES OF HUMAN PHYSIOLOGY

*Eleventh Edition.* By Sir CHARLES LOVATT EVANS, D.Sc., F.R.S., 709 illustrations. 52s. 6d.

### BIOCHEMISTRY FOR MEDICAL STUDENTS

By W. V. THORPE, M.A., Ph.D. *Fifth Edition* 41 illustrations 22s. 6d.

### ANAESTHETICS FOR MEDICAL STUDENTS

By GORDON OSTLER, M.A., M.B., M.R.C.S., D.A.(Eng.). *Second Edition* 8s. 6d.

### RECENT ADVANCES IN ANAESTHESIA AND ANALGESIA Including Oxygen Therapy

By C. LANGTON HEWER, M.B., M.R.C.P., F.F.A.R.C.S. *Seventh Edition.* 179 illustrations. 30s.

### PARSONS' DISEASES OF THE EYE

*New (Twelfth) Edition.* By Sir STEWART DUKE-ELDER K.C.V.O., D.Sc. M.D., F.R.C.S. 22 Coloured Plates and 465 Text-figures. 42s.

**J. & A. CHURCHILL Ltd., 104 GLOUCESTER PLACE, LONDON, W.1**

# The best

## of the light ales



is a



# WHITBREAD



## PROTECTIVE CLOTHING

Whatever your requirements consult Charles Baker, specialists for over 60 years in supplying the needs of the Medical Profession.

WHITE LONG COATS in fully shrunk drill .. 25/10

WHITE JACKETS 3 patch pockets, fully shrunk 20/6

SURGEON'S GOWNS in special lightweight material .. 28/3

DENTAL COATS Top Grade .. 41/3

*Write for price list. If unable to call, order by post. State measurements required and enclose 1/- extra for Postage and Packing. Satisfaction Guaranteed.*

## Charles Baker

& COMPANY LIMITED

137-138 Tottenham Court Rd., London, W.1

TELEPHONE: EUSTON 4721 (3 LINES)

## **Cassell Medical Books**

# **Emotional Factors in Skin Disease**

by ERIC WITTKOWER, M.D. and BRIAN RUSSELL, M.D.

This new book, the first of its kind relating to psychosomatic factors in skin disorders, consists of two parts: a general section dealing with such subjects as the development, the function, the neuroanatomy and the physiology of the skin; and a second part dealing with the specific disorders.

The authors, a dermatologist and a psychiatrist, have compiled from their widely varied experience a work that will enable the general physician and the dermatologist to understand more fully the emotional factors that underlie many skin disorders. 32s. 6d.

**37/38 St. Andrew's Hill, London. E.C.4**

## **DIETS FOR RESEARCH ANIMALS**

The makers of Blue Cross Animal Feeding Stuffs supply most of the leading British medical schools and research stations and many American Organisations with specially formulated diets for rats, mice, rabbits, guinea pigs, and other animals kept for research. The diets are scientifically prepared from freshly-milled ingredients, in the Mills of Joseph Rank Ltd., and Associated Companies.

*Enquiries are invited from other medical schools, research centres and laboratories*

**BLUE+CROSS**  
*Balanced Rations*



*By Appointment  
Joseph Rank Ltd. Manufacturers  
of Animal Feeding Stuffs to  
the late King George VI*

JOSEPH RANK LTD., MILLOCRAAT HOUSE, EASTCHEAP, LONDON, E.C.3. Telephone: MINCING LANE, 3911

# Controlled purity in nutrition

THE MEDICAL PROFESSION has always recognized the paramount importance of purity in food. To maintain this essential feature is therefore a constant care throughout the production of 'Ovaltine'.

'Ovaltine' is an original product—the result of prolonged research. It provides energizing nutrient elements and added vitamins in digestible form for general upbuild.

This delicious food beverage is prepared, under scientific control, in the 'Ovaltine' Factory which is considered to be the ideal of what a food factory should be. Here the highest standards of hygiene reinforce meticulous and constant testing by the 'Ovaltine' Research Laboratories.

These exceptional measures render 'Ovaltine' a food product of outstanding merit—controlled throughout for quality and purity.



## OVALTINE

Purity-Controlled  
Food Beverage



Vitamin Standardization per oz.:—Vitamin B<sub>1</sub>, 0.3 mg.; Vitamin D, 350 i.u.; Niacin 2 mg.

A. WANDER LIMITED, 42 UPPER GROSVENOR STREET, GROSVENOR SQUARE, LONDON W.1 M.386



## VIMALTOL

### A VITAMIN FOOD SUPPLEMENT OF WIDE APPLICATION

'VIMALTOL' is a delicious vitamin food concentrate of value to infants, children and adults. Its formula has been developed in the 'Ovaltine' Research Laboratories in the light of prolonged investigations by scientific experts in the field of dietetics. The malt extract, yeast, halibut liver oil, vitamins and iron in 'Vimaltol' are presented in a palatable and easily digested form, which is taken readily over long periods.

When the quantity of vitamins supplied by the diet is known or suspected to be insufficient, 'Vimaltol' will provide some of the essential accessory factors to help to render the diet balanced and adequate.

'Vimaltol' is widely recommended as a dietary adjunct of use towards meeting the higher metabolic requirements of growing children.

Each ounce contains: 1420 i.u. of Vitamin A, 710 i.u. of Vitamin D, 0.35 mg. of Vitamin B<sub>1</sub>, 0.2 mg. of Vitamin B<sub>2</sub> (Riboflavin), 2.8 mg. of Niacin (P.P. Vitamin), 3.3 mg. of Iron in a readily assimilable form.

Clinical samples on physicians' request to the Medical Dept.,

A. WANDER LIMITED

42 Upper Grosvenor Street, Grosvenor Square, London W.1.



M.378

## Bowden House

HARROW-ON-THE-HILL · MIDDLESEX  
Established in 1911 Tel: Byron 1011 & 4772

(Incorporated Association not  
carried on for profit)

A PRIVATE Nursing Home for patients suffering from the neuroses and nervous disorders. Patients under certificate not accepted. The home is 30 minutes from Marble Arch and stands in 6 acres of pleasant grounds. A diagnostic week has long been established and is used if requested by the patient's physician, who may in certain cases direct treatment. Intensive psychotherapy and all modern forms of physical psychiatric therapy are available for suitable cases.

Occupational therapy both indoor and outdoor. All treatment by the members of the Staff is inclusive and the fees of from 16 to 25 guineas depend on the room occupied.

**Apply—MEDICAL DIRECTOR**

## UNIVERSITY EXAMINATION POSTAL INSTITUTION

17, RED LION SQUARE, LONDON, W.C.1  
G. E. Oates, M.D., M.R.C.P., London

### POSTAL COACHING FOR ALL MEDICAL EXAMINATIONS

**SOME SUCCESSES GAINED BY OUR  
STUDENTS 1939-1952:**

Qualifying Exams.	674
M.R.C.P. (London)	216
Primary F.R.C.S. (Eng.)	188
Final F.R.C.S. (Eng.)	210
M. and D. Obst. R.C.O.G.	241
D.A.	182
D.C.H.	142
F.R.C.S. (Edin.)	27
M.D. (Lond.)	58
M.D. by Thesis	Many Successes

**PROSPECTUS, LIST OF TUTORs, Etc.,**  
on application to :—Dr. G. E. OATES,  
17 RED LION SQUARE, LONDON, W.C.1.  
(Telephone HOLBORN 6313)

**'It doesn't matter  
where you are'**



**...the Porter said to me**

"You can always get a Guinness when  
you want the strength of three.

At Waverley or New Street,  
King's Cross or Waterloo,

It looks the same, it tastes the same,  
it's just as good for you.

So will you, won't you take my tip,  
and have a Guinness, too?"

**Life is brighter after GUINNESS**

**Do  
you  
know  
that-?**



**OUR MEDICAL INFORMATION DEPARTMENT** welcomes requests for literature and enquiries regarding our preparations.

**OUR LIBRARY** contains a large collection of reprints and abstracts of articles, dealing directly and indirectly with our products, that have appeared in medical journals all over the world.

**OUR BOOKLETS** contain up-to-date information about the clinical applications of our products. Owing to the time that must elapse between the publication of facts in the medical journals and their appearance in standard text-books, we feel that students will find these booklets particularly useful.

**IF YOU WISH** to avail yourself of any of these services please write to us giving your student year.

'BENZEDRINE'\* INHALER  
'BENZEDRINE'\* TABLETS  
'BEPHEN'\*  
'DEXEDRINE'\*  
'DRINAMYL'\*  
'EDRISAL'\*  
'ESKACILLIN'\*  
'ESKAMEL'\*  
'FURACIN'  
'IODEX'  
'MANDELAMINE'†  
'NEURO PHOSPHATES'\*  
'OVENDOSYN'  
'PENDEX'\*  
'PRAGMATAR'\*  
'PYRIDIMUM'†  
'SULFEX'\*



**MENLEY & JAMES, LIMITED,** COLDHARBOUR LANE, LONDON, S.E.3

*Words in quotation marks are trade marks. Those marked \* are owned by Smith Kline & French International Co., and those marked † by Nepera Chemical Co.*





## Clearing the Channel

An action firm but gentle, prompt but lasting—that is the requirement when clearing nasal congestion. 'Vasylox', a new vasoconstrictor, meets this need. 'Vasylox' restores free breathing without causing central stimulation, sleeplessness, or interference with ciliary motility. Neither irritating nor stinging, it may be used for patients of any age, even for infants. 'Vasylox', which contains 0.25 per cent of methoxamine hydrochloride, is issued in 1/2 oz. bottles with separate dropper.

**'VASYLOX'** for nasal congestion

SOLUTION OF METHOXAMINE HYDROCHLORIDE



**BURROUGHS WELLCOME & CO.** (The Wellcome Foundation Ltd.) **LONDON**



# ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LVIII.

JANUARY 1954

No. 1

## EDITORIAL

THERE is printed in this number of the Journal an account of the recent discussion on Medical Education that was arranged by the Abernethian Society. It was the most stimulating evening in that society's recent history, and its success was greatly assisted by the presence of several members of the teaching staff, including the Professor of Surgery, the Professor of Medicine, and the Dean. They all showed great tact and courtesy in not daunting the expression of undergraduate opinions. It is astonishing how many sensible things were said during the course of that one evening.

And now what will happen? Who is going to do anything about it all? Does anything ever change in this Medical College? Some things certainly have changed. Women have been allowed in, and there is a hostel. When plotting revolution, we should remember that there has already been a fair-sized rising. We talk about the need for less didactic teaching, for a broader education, for a better college spirit. Things change, but at what rate do they change? The answer is not in metaphysical speculation, but in the library.

For, in the early numbers of this Journal, there are to be found not only formal accounts of formal lectures, learned articles on learned subjects, frivolity, examination lists, bawdy poems and obituaries, but also an undercurrent of editorials, unsigned paragraphs, and anonymous letters. It is these that seem to give a picture of what the staff and students of those times were thinking. Here you find the sort of talk that you would find today at coffee time or sitting beside the fountain, the kind of thing that is said after dinner in the hostel.

The third volume of the Journal covers the year October, 1895, to September, 1896. At the summer prize-giving Sir James Paget

spoke of "the vast improvements which during the past few years had been brought about in the School and Hospital." The Warden, at the same function, told his audience that "the position of the Medical School as the leading Metropolitan School of Medicine is still maintained." That is what the staff in those days were saying. The things the students were saying about the staff is suggested by a satire in which the members of the football club go in deputation to a high official of St. Barnabas' Hospital, asking if they may have a real ball instead of a bundle of rags. The high official replies: "I certainly think your request is most reasonable and fair . . . but we old Tories move very slowly, so you must excuse me if I say that this season you must go on as you are." There was a fairly modern feeling that gods have feet of clay, as this poem shows:—

"You practice self-possession  
And you mustn't turn a hair  
When your cases all go badly  
But just publish them as 'rare'."

The satire on the high official was prompted by opposition that had been expressed against women members joining the Dramatic Society. There were, of course, no women students, but someone suggested that the female parts in the plays might be played by friends, if properly chaperoned. In a letter signed Dowager Duchess, students were advised to "keep closely to the old modest and unpretentious lines of the Christmas Entertainment with students in the ladies' parts, and should a dramatic performance be given with ladies, let it be entirely disconnected from the hospital, and entirely outside its precincts."

The rugby club was not all that it should have been. Someone signing himself Rugger, wrote to say: "It is now, I think,

the third year in succession in which I have heard the prophetic student holding forth in the square on our extreme likelihood of annexing the Cup. I fear the prophetic student has conceived the idea of sliding into success as easily as an oyster into the maw of an Alderman. . . ." People were calling for a better College spirit. Quidam Medicus answered Neo-Pessimist in an angry letter headed "Esprit de Corps." He wrote: "I entirely differ from his insinuations of the usual laziness of Cambridge men. . . . Why have I esprit de corps? Because I am a 'gentleman,' or try to be. . . ." One of the troubles was the presence of cliques. "I mean the formation into sets, which try as far as possible to be exclusive, of a number of men of similar tastes and habits. For instance, here are some: The various athletic cliques, the 'Varsity clique, the pious clique, the sporting clique, and the clique of excessive imbecility."

People stressed the need for a broad education, for education to teach a way of thinking. An editorial put it: "We cannot too strongly impress upon our freshmen the extreme importance of the double aim of their training—to make them *men* as well as medical men." Someone suggested that once a year a general practitioner should be invited to lecture in the hospital. His subject was

to be the problems of medical ethics met with in Practice.

A cartoon shows the dress then favoured by undergraduates. A double-breasted fancy waist-coat and drain-pipe trousers were fashionable flauntings. Lincoln Cranborn, in one of his dialogues, has a character who says: "The intense style, I regret, is becoming prevalent; I mean, long hair, a vacant look, and gold eye-glasses; it denotes a craving for distinction that is most unhealthy in the young mind." There was another matter that students discussed, the dowdiness of the black and white of the College colours, "which are not colours at all."

And there was even a feeling of the sameness of things. Someone writes describing View Day: "Much as usual, too, was the procession of Governors marching in solemn state from ward to ward, headed by the Treasurer and Matron; the same questions asked, the same answers given, and alas! the same old chestnuts that Adam cracked before women took to bloomers."

In the year 2000 the students will still deplore the College colours, and laugh at the more pompous forms of dress. But will they have a tutorial system, or an education that is more liberal and broader than ours? What will be the rate of change?

\* \* \* \*

### Bartholomew Fair

*From the Hospital Journal, August 29, 1699*

"This Court being informed that during Bartholomew Fair time severall Hazard Tables, marble boards and other inventions for gaming are used within the great Cloister of this Hospitall, And that many persons do play att the Same att very unseasonable houres in the night time, And thereby occasion great disorders, disturbances and Ryotts, for prevention whereof It is thought fitt and ordered that the Porter to this Hospitall doth give notice to all persons that keepe hazard Tables, Marble boards and other gaming within the said Cloister of this Hospitall not to permitt and suffer any persons to play after twelve a Clock att night. And it is likewise ordered that the Porter doth cause the Cloister dores to be lock't up att that time and this order duly observed."

### Out of the In-tray

Every so-often (or not-so-often) someone tidies the Journal desk. Disturbing the strata of succeeding years, one came upon a strange sealed envelope which was inscribed, "To some future editor, for publication if he dares." It was sealed up again.

There was also unearthed a mass of material sent to the Journal by advertisers, quacks, and propagandists, who have at one time or another esteemed us, approached us or implored us to consider. There is so much fervour, so much with which one sympathises, so little with which one agrees.

Not only was there discovered a Moral Welfare pamphlet on the problem of the Unmarried Mother, but also an article by a past editor of this journal on "How to get a girlfriend in Cambridge, or Where there's a will there's a woo."

### Case Books

In the corner of the library by the Journal desk, there is a locked cupboard that has on its door a brass plate. On that plate the following words are inscribed:

"Case books and medical letters from the Practice of James Kingston Barton, M.R.C.P. Lond. who was a Perpetual Student of the Medical College of St Bartholomew's Hospital, from Oct 1 1870 to Nov 4 1941."

And in that cupboard there is fascinating reading for some future medical or social historian. Dr. Barton was a good and successful general practitioner, and all his life, year after year, he carefully entered in these bound volumes the case histories of his patients. He was interested not only in the illnesses of his patients, but in their lives and careers, their successes and their failures. So he read the daily papers, and the journals of fashion, and when ever he found anything that had been written about one of his patients, he stuck the cutting into his case book. It is these cuttings that make the books as strangely interesting, and as poignantly sad as the Forsyte Saga.

And, strangely enough, John Galsworthy was one of Dr. Barton's patients. There, glued into one of the volumes, are letters with Galsworthy's signature, and cuttings that review the first nights of his plays. Dr. Barton also knew Shaw, and there is an entry, "Aug 9 1884. Shaw, Bernard, Esq., Wt 9 st. 10½ lb., Ht 5 ft. 11½ ins."

One turns over the pages of a vanished society. The richest woman in England dies, there is an early polygraph tracing, a photo of three children in the Rotten Row, an account of a private Polo tournament, a lung X-ray. Furniture is sold at Christie's and a portrait given to the National Gallery; there is an ECG, and adhering to it is a cutting from the Court Circular.

### Journal Appointments

R. E. Nottidge has resigned from the post of Editor, and Griffith Edwards has been appointed in his place. R. J. Knight has resigned from the position of Business Manager, and in his place David Fairburn has been appointed.

Dr. Geoffrey Bourne continues to serve as Chairman of the Publications Committee. Successive editors have had good cause to be grateful for his advice and experience, and to thank him for the kindness and patience with which he shapes discussion.

### The Best Show in Town

The clinical lecture theatre (familiar to Bart's men of older vintages as 'the Rooms') sheds something of its gloom, one Wednesday in the month, when it becomes the scene of an almost gladiatorial show—a Clinical Pathological Conference. The bleak strip-lighted benches overflow. Registrars are seen happily standing or sitting on the steps. In the front row the lions of medicine and surgery at Bart's wait eagerly to try conclusions with each other and with the principal performer, who at the start can be seen sitting slightly apart and just a little less eager than the rest.

From when the fun begins to the hushed moment when, with an air of coolly mysterious but mischievous superiority, the pathologist reduces chaos to order and presents the post mortem findings, the periodic cheering and laughter would hardly suggest a clinical meeting. The reputation that once belonged to Consultations of being 'the best show in town' has been inherited by these Conferences. Nothing else, certainly not Chislehurst, so regularly draws so many Bart's men. It would be hard in fact to find anything else that so combines excitement, suspense and instruction or so encourages a cheerful *esprit de corps* throughout the Medical College.

Only one thing is lacking, an apt and agreeable name. Earlier this year this column suggested that the name of 'Consultations' might be passed on directly to the new Conferences. But at least if we must keep the present cumbersome title, isn't Clinical Pathological Conference a more musical and reasonable form? Soon, one fears, we may be known as the St. Bartholomo-Hospito-Medical College.

### Congratulations

to Dr. and Mrs. G. D. Kersley, on the birth of a daughter, Dian Alison Durant, on 7 December, 1953, at Bath.

\* \* \* \* \*

*The Journal wishes all its readers a*

*Happy New Year.*

\* \* \* \* \*

## MEDICAL EDUCATION

### AN ABERNETHIAN SOCIETY DISCUSSION

On the evening of Tuesday, November 24, 1953, the Abernethian Society held a discussion on Medical Education. The meeting was in the Recreation Room of the College Hall, and this room was full. Sitting on the stage was the Chairman (Professor Christie), and the three opening speakers, who were Mr. Robertson (first assistant on the Surgical Unit), R. E. Nottidge (a past editor of this journal), and Duncan Thomas (a past senior secretary of the Students' Union). There were soft lights and a blue ceiling, and through the door loomed the bar. Indeed, later in the evening, when there was an interval, we were to see the interpretation that a medical student gives to five minutes when he has a glass of beer in his hand. The answer is Multiply by Four. There were no dull moments or long pauses in the discussion, which was at all times lively, but at the same time tolerant.

**Mr. D. J. Robertson** said that in selecting students it was difficult to recognise the right sort of man from among a bunch of sixteen- or seventeen-year-olds whose heads were full of that triad—physics, chemistry, and biology, and who consequently had a poor general education. It would be a good thing if students did not do these pre-medical subjects at school. The most important quality to look for when selecting a student was an undeniable sense of vocation.

The curriculum should be designed with the fact in mind that most medical students became G.P.s. More and more had to be learnt; the introduction of the pre-registration year was a tacit admission of the need for more time. The clinical period was better devoted to the development of an enquiring mind than to an exhaustive study of minutiae. More active steps should be taken to correlate the basic sciences with clinical medicine.

There were two methods of clinical teaching: the didactic approach, which produced well informed students greatly lacking in practical experience and, secondly, the method of teaching based on the principle of apprenticeship. The second method, of

which the Bart's style was a variant, demanded much more of the student, but for the better student this was the better method. Yet Mr. Robertson thought that the present system of teaching in Bart's could be improved if there was more supervised teaching in the form of small groups where papers were read and discussed. Lectures should not be a mere regurgitation of the contents of the standard textbooks, and preferably should be given by members of the staff with an aptitude for this method of teaching.

Finally, the speaker reminded the meeting of the methods of examination employed in the finals of the Faculty of Medicine in London University. There, examinations are always of an external variety, a student invariably meeting an examiner from another school. This system effectively prevented any one school making radical changes in its teaching programme.

**Mr. Nottidge** said that the great deficiency in medical education was a controlling idea. The law demanded that medical schools should turn out efficient G.P.s. While everyone recognised that this was now an impossible ideal, they had so far failed to agree on an alternative and attainable aim.

Since, in the twentieth century, medicine was no longer concerned merely with disease but with the well-being of the whole man, the student's years should take him beyond the study of disorder alone, to the study of man and his environment as a whole. The aim of the total understanding of human kind should underlie all medical education.

Mr. Nottidge suggested three directions in which the present system might change. Firstly, the curriculum should be made more plastic. Nothing had been more dynamic than medicine in recent years. The medical curriculum on the other hand, had become overloaded because of its rigidity.

Secondly, the course should be better co-ordinated to one end. The division of clinical from preclinical was harmful as it tended to remove students from the atmosphere of scientific discipline just when they most



needed to rely on it. The division of anatomy from physiology, and of medicine from surgery, if they were not harmful, were certainly wasteful and time-consuming.

Lastly, medical education should become more general. For so many of the most important qualities that doctors needed—those of personal character and social skill—were only developed by a course which besides being a first class technical training, was also a good education. Students should be prevented from studying at school specifically for the second M.B., and at medical school their education should be made a university and not a technical college one. Contact was needed between student and student, and between student and staff, on the broadest possible social basis.

**Mr. Duncan Thomas** said that it was certainly asking a lot that a student should be "cultured, broadly educated in the humanities, intelligent and intellectual, of transparent integrity, humane and sympathetic," which was how Sir Lionel Whitby had recently described the ideal medical student. He felt that reality was a long way from all these most admirable sentiments. All medical students should be encouraged to avoid specialisation whilst still at school.

The pre-clinical subjects badly needed overhauling, with a view to integrating the courses far more. Students should be taught human biology in its widest sense, and form and function should be taught and regarded as one integrated whole, with man as the focus of attention.

The complete absence of a tutorial system was a major fault in the clinical training at Bart.'s. He thought that with the large number of registrars and research assistants in the hospital, a tutorial system could quite easily be instituted. There was also a definite lack of encouragement for students to develop their critical faculties; there was too much dogmatic teaching. Too little was expected of students—if the chiefs demanded more of their clerks and dressers, more would be given.

Our training in social and preventive medicine could only be described as scanty; neither did he feel that psychological medicine received an emphasis commensurate with its importance. The new scheme at Bart.'s whereby students could, if they wished, spend a period of time with a G.P., was to be warmly welcomed. It seemed only reasonable that the G.P.'s should have some

say in the training of the future recruit to their ranks. He thought it would be an excellent thing if the hospital were to run its own model practice.

He concluded by saying that he hoped Bart.'s would be ready to adopt the ideas and concepts of value that were evolving out of the present-day reviews of medical education. Our already good training could undoubtedly be made an even better one.

**Professor Christie**, the Chairman, before throwing the discussion open to the floor, summed up what the three main speakers had said. He also gave an account of a scheme for pre-clinical training that had been worked out by the medical schools, but which had been dropped after opposition from the Headmasters' Conference and the University Grants Committee. This scheme had proposed the integration of chemistry, physics, and biology with anatomy and physiology, so that work done at school would no longer give exemption from the first M.B. course.

The Chairman then invited speeches from members of the audience.

**Mr. Black** said that if a man did his National Service before starting his studies, he was very old by the time he qualified. Yet it was best to get the Army over with before beginning Medicine. No science should be taught us until we left school. The speaker wished that he had been taught classics at school. There was plenty of time for physics and chemistry later on.

**Mr. Doherty** said it was inhuman that a boy who came here keen on Medicine should for three years be kept right out of the hospital, with his teachers deploring any mention of the clinical applications of pre-clinical science. Perhaps it would be possible for the nursing that is at present being done by students during the introductory course, to be done during their pre-clinical years.

**Mr. Struthers** talked of the danger of being unscientific, of forgetting one's scientific training when one reached the wards. The lecturing technique here was in some cases imperfect. Lecturers, to say the least of it, should brush up their elementary technique, and not stand in such positions as to obscure the blackboard. The teachers should be taught how to teach.

**Professor Christie** remarked that during the war, when there was a shortage of teachers, the experiment had been tried at

Hill End of students teaching each other, even conducting one ward-round a week. The scheme had worked well.

**Mr. Millard** said that our medical education here was extremely good. He regretted the tendency that some people had to denounce it as "archaic." It was the envy of other schools. Evidence of its merit was that it worked. When people said that they wanted the education given here to be broader, what exactly did they mean? The people who advocated breadth should be less vague. All the lectures in London University were open to us, and it was up to us to go to them if we wanted to.

**Mr. Harris** said that we should not content ourselves with the study of disease, but we should study men and their environment. Heaven knows, the speaker said, we have got enough lectures as it is, but the G.P. scheme should certainly be enlarged. What lies ahead of a man when he qualifies is a large question mark. A man naturally tries to stick to a hospital, because he knows what hospital Medicine is like. General practice is strange and unknown and therefore the student hesitates to enter it. If we could have the chance of experiencing the sort of life that a general practitioner leads, then we would no longer have the feeling that what lies beyond the hospital can go hang itself, and there would not be so many people struggling for hospital jobs.

**Mr. Barnes** disagreed with the previous speaker. He did not want to study men and their environment. He had come here to study medicine, not to learn the facts of life. Was it not inconsistent to advocate the separation of school teaching and pre-clinical teaching, and at the same time to ask for the fusion of clinical and preclinical teaching? Let people broaden their minds while they study dogfish. Experience in the Radcliffe Infirmary showed that not every one benefited by clinical tutorials. Holidays should be longer.

**Mr. Scott Browne** said that there were too many students for one chief. Consequently an apprenticeship system would be difficult to work. The chiefs encouraged the students in little except work. Where were they on Regatta days? There was much talk about general education, but there was not much encouragement for it.

**Mr. Dawson** agreed with the previous speaker. Broad teaching could be killed by hurrying. To expect a busy chief to run a firm and look after his own practice and at the same time find sufficient time for teaching was perhaps expecting too much. Inevitably, teaching was left to the second strings. He felt that the teaching staff had not always got the latest papers at their finger tips. More journals should be taken in the library.

Professor Christie then asked if any members of the teaching staff would like to speak. After some suspense, there arose the Dean, who came forward and stood on the platform.

**The Dean (Mr. Tuckwell)** said that no one had got down to the fundamental trouble, which was that all students were different. We had all sorts of types in the Medical College. It was impossible to find a curriculum that would suit all the different sorts of people who came to Bart.'s to receive their medical education. Students should receive a general education up to the age of sixteen or seventeen, and should be able to matriculate on the General Certificate. There should be two years of preclinical study. A lot has been said about tutorials and lectures. It was practically impossible to *teach* clinical Medicine. It had to be *learnt*. People should not spend so much time worrying over papers that they could not get hold of. The proper place to read a patient up was in the museum. There was no need to read right through a textbook. Rather, when a student saw a case, that was the time to go and read it up. People did not spend enough time looking at patients in wards other than their own. After 6 p.m. was the time to have a look round the wards. Finally, the Dean said that University exams should not be internal exams.

**Dr. John Hunt**, Honorary Secretary of the College of General Practitioners, said that in fifteen out of the twenty-eight British medical schools, arrangements were made for students to see something of G.P. practice. The doctors, as well as the students, learnt from these schemes. If a student was introduced into a patient's house as an "apprentice," he was not regarded as an intruder. A week of that sort of training not only made better G.P.s of students, but it could make them into better specialists or consultants.

**Mr. Malpas** was of the opinion that it was better for a student to do his military training after qualifying.



**Mr. Dawrant** advised against doing service in the R.A.M.C. It was better to get right away from Medicine, and to spend the time in the Gunners, or in the Signals. The clinical course should be lengthened. For many centuries the student had been a wanderer, and this was a good tradition. The student should travel. In Heidelberg, if a student felt attracted to the teaching of some other professor, he just packed his bags and went away for a year. The midwifery appointment could very usefully be done abroad. **Mr. Dawrant** had written to **Copenhagen**, and the University there was keen to make arrangements for English students to go over. Perhaps **Bart's** could offer a scholarship to **Duke University**, North Carolina. Students from **Duke** came over to **Bart's** for paediatrics, and the arrangement could perhaps be made reciprocal.

**Miss Womersley** said that more use should be made of cine and sound recording in teaching.

**Mr. Pearce** suggested that pathology should be studied at an earlier stage in the course.

**Mr. Backhouse** said that students were not worked hard enough. His first clinical appointment had been as dresser on the Surgical Unit, and those had been the three months of hardest work in his life. Since then it had been a steady decline and fall. Except for one or two spasms during midwifery, the pace expected of him had grown slacker and slacker. Students should do some of the pathological investigations on their own patients. Chiefs should expect much more of their pupils.

**Dr. Duff** considered that in **Bart's** the relation between the student and teacher had reached a happy mean. In America the student slapped the chief on the back and said "Well Doc, what's new?" In the Scottish Universities, the teacher tended to be a tin god. The student should be given a chance to do simple research with a G.P. Good G.P.s living near a hospital should be appointed as extramural clinical tutors.

**Professor Sir James Paterson Ross** said that the problem should be looked at from the student's point of view. The teaching was good, but not good enough. It was a mistake for a chief to try to cover the whole subject. Proper discrimination and selection was needed in teaching. The course, if that was done, could perhaps be shortened. Pathology

should be taught as a preclinical subject. He believed that this could be done, and there would still be time for people to play games. He had been impressed by the way in which students in the U.S.A. worked up their cases and presented them, this forming the basis for a seminar or discussion. The time to go abroad was probably after the first house job, by when the student would have better judgment of what he saw. Sir James was not sure that a week spent with a G.P. during clinical training was useful. The student was best taught in hospital, where he was shown gross disease. In general practice he would see mostly patients who were near normal, and from these it would be difficult to learn. There was not time during the clinical course for much G.P. or psychiatric teaching. The level of the evening's discussion was an encouragement to those who were responsible for the selection of entrants to the Medical College.

**Mr. Viner** suggested that a library should be kept open for those who wanted to read books and journals after dinner.

**The Dean** said that in favour of doing military service after qualification was the army's shortage of doctors. When a student applied for a place in the hospital, and he seemed young for his age, the army was sometimes a good place for him to grow up in.

**Mr. Hewer** said that we should all be proud of being **Bart's** men. If people wanted to spend a week with a general practitioner, they could do it during the holidays. The danger of a bad tutor was a disadvantage to the tutorial system.

**Professor Christie** then summed up. The sense of the meeting was:—

1. Against specialisation in school.
2. That teaching must be integrated.
3. That the tutorial system should be introduced.
4. That teaching should not be dogmatic.
5. That, with the word of caution from Professor Ross, there should be G.P. teaching.
6. That most agreed that the length of the course could be shortened.
7. Generally in favour of service in the Forces after leaving school, rather than in the R.A.M.C.

and, finally, in the words of Sir James Paterson Ross "the teaching is good, but not good enough."

## CLINIC. BENNETTSVILLE, SOUTH CAROLINA

1948

by NELL COMMAGER

YES'M, thas him, over yonder under them Carnation Milk babies. . . . He named James Parker. . . I don't know how old. He started rentin' from you twenty-three years ago. . . . Well'm, he too old to *do* much. He done tuk care of all them babies since about three years ago, though'm. . . . Well'm, we had to leave 'em with somebody, times we was in the fields. 'Sides, he plumb magicked them chuldren—when he there, they won' look at nobody else. Fightin' and carryin' on over whose turn it be to git up in his lap; them filthy babies—they enjies him to spit. One of them take his spit-can off a ways and, less he coughin', that Jim hit he it ever' time. This year he done los' the sleight, some way or ruther. . . . Which chuldren? Well'm, my five, and Alec's baby since his growed daughter went North to College, and that no-count Ellie's c'lection, and some that jest comes and goes. My grown Jason, he always there somewhere, kinda souperinvisin'. We puts Jim's chair out in the sun, up there by the chicken coob, and them babies play in the dust round his feet. He set there rockin' and rubbin' his head against the wire. He *enjied* to do it, Miz Furman; they wasn't no harm was it? . . . Naow, Miz Furman, you so kind and all, and you *knows* I wants to do what you tells me. I brang that Jim today, 'cause you heard about him, and he lookin' so pohly and downheart, but I got my work, ma'am. Them babies is just as healthy as I ain't. They just as healthy as them Carnation Milk babies. And that Doctor Hood, he come all the way from Starr, North Carolina, ain't no use botherin' him with all them healthy babies. . . . Oh, *Yes'm*, ef you can see yo' way to come git 'em, you welcome to 'em. Next week? Mine'll be ready. I can' make no vouch for that Ellie. Can I leave Jim settin' there? You all aren't figurin' to hurt him none are you? He a good kind of man.

\* \* \*

I declare I don' see why they painted up this room and filled it with comf'table chairs

and things, and then up and invited the niggers in to smell the place up. They come slouchin' in and smile charmin' at Miz Furman, just like they hadn' burnt their steps for firewood last winter, pertending like they pay their rent reg'lar, like white folks. They got their own movin' picture show, and their own school, 'pears like they ought to be allowed *not* to have something, for once. Gittin' free treatment, ain't they; don't hurt 'em to wait on the sidewalk—they used to cotton sun.

No, Lousie, I think you wrong, there. I ain't so all against niggers now, as I was. Times are changin' some, and you *got* to change with the times; you know that. I got nigger neighbors, you know, and they right decent people. Their children talk nice and wear tweed suits and aren't any worse than ours underneath. Then on my other side I have that Ruby woman. She's white as milk, and what good do it do us? The other day, Miz Furman's sister had a brand new toilet put it on Ruby's place, so first thing that Ruby done was to hold a party and all them wild folks celebrate by flushin' all the rags and things they could git a-hold of, and that toilet's bust for good now. And some low-down man razooed from elbow to wrist into the bargain. Those kind of people is generally wrong about everything, you know, and they the only ones hatin' niggers jest 'cause they're black, now, I reckon. They're the ones with hurt feelin's, like about this waitin' room. They children *got* to play with niggers or nobody, so they whups 'em and cheats 'em instead. Our men got the kind of jobs that cheap nigger labor can't touch, so we ought to quit hatin'. All the white folks round here don't smell all *that* sweet, with all their white tubs and swimmin' pool. 'Sides, the niggers all keeps to themselves, like they is now, all sittin' under that poster of Carnation Milk black babies. Nobody has to have signs saying right out "colored" or "white"; it ain't either necessary or decent, when you come to think about it.

Well. But, Amy, look there at Miz Furman. She used to be such a lady, all those sisters. That lovely big house, and the parties under the trees, and buggies, and all ten children to college. And the Charleston cotillions, and God knows what all else. They had such white hands and tiny feet. But look at her now; tough lookin' and all hot. She talks so loud and bossy, and laughs with just anybody. Still, I told her I'd come round. That time Davy hurt his back she didn't even mention rent money for two months. Be back 'tereckly.

\* \* \*

I certainly should have come and helped Aunt Nell more often while I was down here. It's so unlike anything in New York. I'll have plenty to write about for English, but that Mrs. Paine will say I'm embroidering again. All these people, *all* of them, come to the clinic as some kind of personal favour to Aunt Nell. It's ridiculous; they don't seem to know enough to care about whether they have spots on their lungs. She must know everybody in the county, I guess. Most everybody scorns everybody else, and it really was funny when the chain-gang showed up, to watch everybody in the waiting-room taking mutual pleasure in scorning the Criminals. I had never seen the chain-gang so close before. Mother says when they were all little, on Sundays they'd go for rides in the Surrey, and at crossroads they'd see wagons with the chain-gang in *cages* in the back. They've got laws even about the chains now, though. Anyway, the 'chin-gang' came in the door and helped me fill out cards for them, with such paternal interest. They were mostly colored, but all seemed to like each other fine. I guess they think they'd better get along with each other, since they've got about as low as anybody can. All those Russian novels about outcasts of society really couldn't have come from a warm climate—ridiculous to try and imagine them with tan dust and red clay and tall trees. After that, they sort of filed around into the back yard, and waited quietly until Dr. Hood was ready to fluoroscope them. Not at all terrifying. They had to come. Because their cook was taken to a TB sanatorium last week. They were really just like children on an outing, anyway until they got near the dark-room. One of the men who went in first, came out and announced: 'You better wish you didn't have to go in there; that

doctor, he press a button, and out fly a green skeleton, and kiss you smack on the mouth!' I heard him and told Aunt Nell, because the others were really scared, and she laughed gaily and made them listen. Then she said I'd go in with them, and if a little Yankee girl wasn't scared of Doctor Hood, they'd look pretty silly if *they* were. Some of them went all brave and silent, and some laughed and joked, just like the kids at school when exams are being handed out. Anyway, the rest of us got in there in the dark, and pretty soon Aunt Nell said: 'Willy Jackson from Hamlet?' The big negro standing next to me bestirred himself and answered 'Yes'm?'

'Where'll you be next month, so we can find you?'

'I reckon I still be with 'er chin-gang, ma'am.'

'But I thought the chain-gang was only for petty offenses, I mean, little crimes, Willy?'

'Yes'm?'

'Well, Willy, what have they got you in for, for so long?'

'I knifed a man.'

What drama! I bet none of the kids at school ever had a murdered say 'Scuse me, Missy,' to them. I wish everybody'd hurry up and finish, now. It's after five already, and I have to dress for Janny's party. It's nice the doctor's named Hood; such a wonderful literary contrast between the Ku Klux Klan, and the things this Hood does—also reminds you of his leather gloves and apron, somehow. . . .

When everybody had left he let me try on the gloves; said they weigh ten pounds each. He has awful sores on his arms, where they don't reach. Overwork, he says. We had four cases of TB today, and I helped take the four patients next door to the hospital for permanent x-rays. Mine was an old, old coloured man who just *sagged* into the wheel-chair we brought, and wheezed and moaned. I felt important wheeling him, at first, but his cough rattled so that it made me want to spit, too. He couldn't seem to see very well, and wasn't interested in anything. He didn't even notice when I almost tipped him out on the curb. Once he moved his finger into a sort of point at his spit-can, and said: 'Hit do shine.' The funny thing was, though, that we forgot to put the names on the permanent x-rays, but Doctor Hood read them off like most people recognise faces. He and Aunt Nell were awful cross. They sat down in her office and started talking about next week

already, and somebody's babies. I'll be back in school next week. There sure is a *lot* of talking down here, though. You can't rush anybody. Mother said that once Daddy came down for a visit, and Granny told him about some smart lawyer she thought he'd like to meet, and added that he was pretty no-count, even if he was brilliant. Daddy said why, and Granny said he'd rented from Miz Newton for *twenty* years without paying

any rent. Daddy said briskly, why didn't Mrs. Newton tell him to pay or live elsewhere. Granny said, gently and reprovingly, 'Oh, she hesitates . . .' And Aunt Nell never tells anybody, the way Daddy would, please come down and have your lungs checked free. She has to coax and charm people into caring about their lungs. Anyway, I almost went on back to the house without her. I was in a hurry.

---

### PERTHE'S INCISION

When attacking gall stones tucked  
In the biliary duct,  
Surgeons used to cut and sew men  
All the length of their abdomen,  
And without compunction leave a  
Scar from Dan to Beersheeba.  
Once at such an operation  
(Helped by slight inebriation)  
Dr. Perthe with abandon  
Changed the scheme that he had planned on,  
Half way through his first incision  
Stopped, and made a quick revision,  
Suddenly conceived a wangle,  
Turned the knife at a right angle,  
Deftly dodged the larger gut,  
Right across the rectus cut.  
Raising this three-cornered flap,  
Through the wide resulting gap,  
Like a hunter on safari  
Suddenly he spied his quarry—  
View halloa ! At last he had a  
Close-up of that coy gall bladder !  
Good old Perthe ! Even if he  
Owned he felt a trifle squiffy,  
Out it came in half a jiffy !

Thus he made his master stroke,  
Made it as a kind of joke,  
Never dreamt his playful freak  
Would become a new technique.  
Never was there humour broader !  
In the words of Harry Lauder :—  
" Dinna make me laugh so hairy "  
At the comic cuts of Perthe !

R. B. P.

## NOTES ON SOME SURGICAL DRESSINGS

by J. R. ELLIOT

*Pharmacist to the Hospital*

WOUNDS have been treated by man since the earliest of times and much has been written concerning the methods used to heal them, but little progress was made in the preparation of dressings used by surgeons before the nineteenth century. Such naturally occurring materials as sponges, mosses, spiders' webs and feathers were used for centuries to serve as compresses beneath bandages, and to arrest bleeding. Raw cotton, however, was not popular with either surgeons or the general public as it had the bad reputation of carrying diseases.

The first material prepared particularly for use as a dressing was lint. Lanfranc, writing at the end of the fourteenth century, made frequent mention of the use of lint for the application of medicaments to wounds but he did not make any claim to be the originator of this material, although no earlier references to its use, or preparation, can be found. Moreover, he used the term lint to mean two distinct preparations, the first being the scrapings of old linen cloth in the form of a mass of short soft fluffy fibres; this type of lint persisted in England until patent, or sheet, lint took its place early in the last century. The second form was made by unravelling linen cloth into short threads, giving a preparation resembling the modern cotton waste used by engineers. This material was also called charpie and was more popular on the European continent, although it was still mentioned occasionally in English surgical works up to about 100 years ago. Abraham Rees, in 1819, mentions that lint in dossils (cylindrical pieces), or pledgets (oval-shaped pieces) could be plugged into wounds to keep the outer edges apart until healing had commenced in the deeper parts, and for this purpose it was recommended that they should be tied with thread to assist in their removal at a later time. These pieces were often coated with ointments or balsams to assist in the healing process. Dry lint was also packed into wounds to arrest haemorrhage and was used in compresses beneath bandages. It was also said to be "highly necessary" for keeping air away from wounds, and to protect them

from being knocked. In passing, it might be mentioned that, in the old days, an important non-surgical use for soft lint was as tinder in tinder-boxes.

It is not possible to date with certainty the appearance of lint as we know it, that is, a cloth which has had a nap raised on one side by scraping with a knife, but William Cade King, Esq., a Governor of this Hospital, submitted a sample of this "patent" lint to the House Committee in April, 1816, and it was resolved that the surgeons of the Hospital should asked to report upon it.

Owing to the high price of hand-woven linen, it is unlikely that new cloth was specially linted much before 1800, the time when the cotton gin, and power-driven spinning machines and looms first began to be developed. Again, new hand-woven textiles were not soft enough to be used as dressings, thus from Lanfranc onwards it is often stated that the linen used upon wounds, or for making lint, should be prepared from old and partly worn cloth. The high cost of materials also made it necessary for dressings such as lint and bandages to be washed and used again. It is little wonder, therefore, that infection was rife in hospitals, and that a correspondent to the *Lancet*, in 1875, found it necessary to make the bold suggestion that the frightful effects of blood-poisoning ought not to be risked in order to save a hospital a few pounds a year by entrusting the purification of such infected bandages to a washerwoman. Even so, it was not until four years later that a direction was published in "Queen's Regulations and Admiralty Instructions" stating that, "should sloughing ulcer break out," all used dressings should be thrown overboard, but bandages were still to be steeped in boiling water and thoroughly washed.

Until dressings could be made on the manufacturing scale, cheaply and in sufficient quantity so that they could be classed as expendable, little real progress was made in surgery, and in this connection two names, Gamgee and Lister, stand out far beyond all others in this country.



Lister's first experiments in antiseptic surgery, reported in the *Lancet* in 1867, described the use of lint dipped in liquid carbolic acid, and even if such material was washed and used again, it must have been much less liable to carry infection than any other previously used dressing. Very soon after that time he prepared, or tested, a large number of medicated lints and gauzes, some of which were made just before use, while others were prepared beforehand. As soon as these medicated dressings were required in large amounts it became impossible for the old pieces to be salvaged and re-medicated as their production had passed into the hands of commercial manufacturers. The only medicated dressing introduced by Lister which remains with us today is boracic lint, the traditional pink colour of which is the direct descendant of the cochineal which he used to differentiate his boric lotion from the carbolic lotion. Incidentally, Lister did not allow boracic lint to come into contact with wounds, but used it outside his waterproof protective to keep infection away from the antiseptic dressing used at operation.

Gamgee, at this time, was working along the line that wounds were best treated by dry and infrequent dressings, combined with rest and pressure. In order to obtain a comfortable distribution of pressure beneath his compressing bandages, Gamgee decided to use cotton wool, such as used by jewellers, but as this was not capable of absorbing fluids to any great extent, he covered it with a layer of picked oakum which had been submitted to a carding process. This latter substance was considered to be the best absorbent dressing of the period, and far superior to tow, which had been used since the fifteenth century; in fact, one manufacturer of a brand of carded oakum known as "Tenax," claimed that it was even superior to lint for this purpose.

It was not until 1879 that the *Lancet* recorded the manufacture of an absorbent cotton wool, made by removing all grease from raw cotton. Although the method used was not mentioned, it was probably one which involved treatment with alkali, followed by a bleach, before being carded into a fleece. It was thus not likely to be so highly contaminated as the raw cotton from which it was made. Gamgee was then able to demonstrate how well this new product would absorb discharges, even proving superior to oakum. His next move was to

envelope absorbent cotton in pieces of tiffany, an open-weave cloth used, at that time, by gardeners to shade their greenhouses from strong sunshine. At first, this experiment was not successful, because the tiffany had not been bleached, and was, therefore, not able to act as an absorbent layer. When an absorbent gauze was developed and used to surround absorbent cotton wool, a very popular and satisfactory dressing was obtained. This material was made by Messrs. Robinson and Son, of Chesterfield, who co-operated with Gamgee in its development, and it is still marketed by them under the name of "Gamgee Tissue."

Thus Sampson Gamgee was largely instrumental in having gauze treated so as to render it absorbent, although the use of loosely woven cloths as dressings was not an original suggestion. Similar materials, such as muslin and window curtaining, had been used for application in either single or multiple thicknesses, several years earlier, both here and on the European continent.

By this time, to meet the competition from cheap cotton dressings, lint makers were offering to hospitals lints containing more or less cotton fibres instead of the traditional material made wholly from the more expensive flax. Eventually lint made entirely from cotton became the standard article, although flax lint, made from pure linen, could still be purchased until the beginning of the present century. In the United States the use of cotton for the manufacture of dressings was encouraged, no doubt, by the cotton growers of that country. Similarly, we can imagine that, as there was no linting industry in the States, textiles such as gauze were more readily produced on their ordinary looms. It is possible that this may have been an important reason why American surgeons did not use lint, and surgical practice throughout the world has been greatly influenced by this fact.

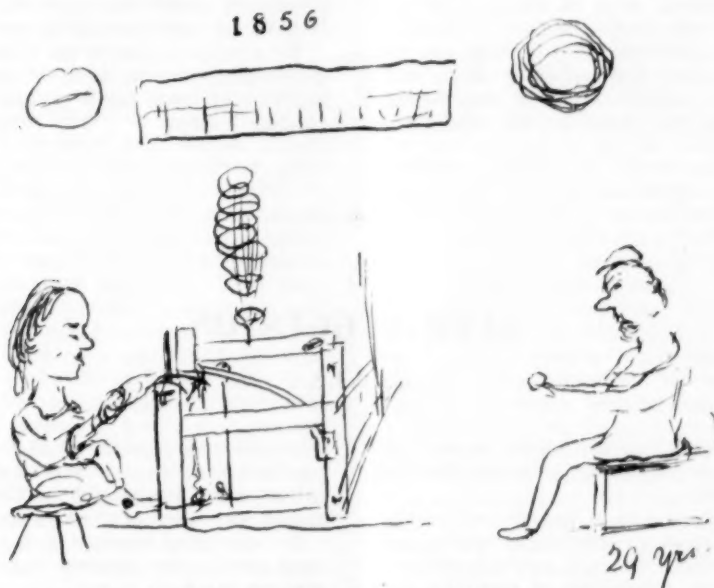
The substance termed "marine lint" differed considerably from ordinary lint, and was simply tow impregnated with tar; it was said to be a cheap and useful antiseptic dressing.

The search for absorbent dressings in the 1880's led to the introduction of pine-sawdust in muslin bags, and dried compressed sphagnum moss which had been treated with an antiseptic. This latter substance is probably capable of absorbing and holding more liquid, weight for weight, than any other



dressing, and in this connection, it is interesting to note that in 1953 an attempt was made to revive the use of sphagnum moss, enclosed in gauze bags, for incontinent patients, but no commercial source could be located. By the end of the last century the use of tow as an absorbent wound dressing had almost ceased, but it was still required for padding splints. For this purpose it was

operate, it is rather to discover the causes of the pestilence and banish them as far as possible from this field of action. The desiderata to be secured are: pure air, healthy conditions and strict cleanliness generally." He concluded his lecture by asking: "Is it rash to affirm that the future practice of surgery will be most successful when it is carried on, not where antiseptics



*Drawing by William Bradbury Robinson of himself, aged twenty-one, seated on a soap box inventing the Power Lint Machine. Hannah Salt is seated at a hand Lint Frame, and has a swollen ankle through working the treadle (as drawn, see black spot). The year of the drawing is 1856. (Published through the kindness of Mr. Victor Robinson and taken from the records of his family business. William Bradbury Robinson was his father.)*

no longer necessary for the softest and finest tow to be bought, and tow made from jute, which was much cheaper than flax tow, was found to be quite acceptable.

In spite of the great advances made by the introduction of Lister's antiseptic methods, Mr. Savory, in an address to the British Medical Association in 1879 stated that at Bart.'s during 1876-8 there were only 18 deaths from blood-poisoning after 1,235 major operations. It was claimed that this low figure was attained because "the surgeon's duty, under ordinary circumstances, is not to find what are the most dangerous sanitary conditions under which he dare

are most largely used, but under conditions least in need of antiseptics?

Thus we hear, from one of our former surgeons, one of the first pleas for asepsis, as opposed to antiseptics, even before many of the antiseptic dressings were devised. Seventeen years later, C. B. Lockwood, another of our surgeons, in "Aseptic Surgery," described Jamain's aseptic method of wound treatment in which all instruments and dressings were required to be sterilised by moist or dry heat. Lockwood, at that time, used a mixture of aseptic and antiseptic techniques, but as knowledge was

gained in the former methods, especially in the sterilisation of dressings by autoclaving, less and less use was made of those containing chemicals. Even so, the British Pharmaceutical Codex, 1923, described no less than 29 antiseptic cotton wools, towels, lints and gauzes. The rapid trend toward aseptic methods is shown when it is seen that these had been reduced, by 1949, to one antiseptic cotton wool, two antiseptic lints and five antiseptic gauzes, most of which were not required for use in this country. In fact, apart from boric lint (now reduced to 5% from its former medication of 40%) and eufflavine lint, which is used in some of the standard first aid dressings, the others are

unlikely to retain their position when the new Codex is published this year.

It has only been possible in these notes to deal, in outline, with the history of a small number of the more important dressings, but there is much to be done in this field before the complete story can be told. In many cases the nature of the dressings employed was poorly described by the users, and many of the early dressings manufacturers of the nineteenth century have gone out of business or have not kept records of their methods.

To attempt to record the history of surgical dressings one needs to be something of a Sherlock Holmes, but it proves to be a fascinating hobby.



## AUTO - SUGGESTION

by P. J. S.

A case-history of some interest to students of the mechanistic concept of disease recently came to light.

The complaint was of sudden and intractable weakness in a patient aged twelve, and of undetermined sex—a fact which may recall the recent exhibitions of prejudice and morality in the lay press—in this case the anatomical evidence was equivocal, but the pattern of behaviour, particularly in recent years, suggested a female tendency.

The onset of weakness was sudden, and occurred in the afternoon, in the course of fairly strenuous exertion. There were no premonitory symptoms, there was no history of trauma, and recent examination had not revealed any signs of organic disease. The weakness was marked, not progressive, unaccompanied by any pain, persistent, and was neither relieved by rest nor increased by exercise.

There was no evidence of disturbance in the other systems, with the possible exception of an increased thirst. There was no relevant previous history, and the patient was totally unable to suggest any explanation of the condition.

A preliminary examination had failed to reveal any other abnormality, and as there

were domestic reasons which made the hospitalisation of the patient for further investigation seem inadvisable at this stage, the author was called in to give a second opinion.

It may be of interest at this juncture to state briefly the possible conditions which came to mind.

### I. A disturbance of metabolism due to:

- (a) a dietary deficiency;
- (b) a deficiency due to partial obstruction;
- (c) an unbalanced intake;
- (d) a respiratory deficiency or obstruction leading to partial anoxia;
- (e) an impairment of oxidation due to
  - (1) blocking or failure of the discharge at the motor end-plate
  - (2) inadequate concentration of substrata.

### II. An impairment of circulation.

### III. A disturbance of temperature regulation.

### IV. Excessive energy loss in the form of heat.

### V. The psychogenic factor.

Further speculation at this point would have been unprofitable, but it was considered justifiable to introduce this formidable list in illustration of the approach to diagnosis. The results of examination follow immediately.

The patient looked clean, well cared-for, and bright, and the general appearance was in no way inconsistent with the age. There was considerable overall pigmentation of a yellowish hue, with a few depigmented areas chiefly confined to the dorsum. On careful inspection no superficial lesion or external sign of injury was visible.

There was evident and demonstrable weakness of movement, which was considered to exclude the possibility (V) of the condition being due to neurosis or other mental causes. Careful palpation of the peripheral parts revealed no local overheating to suggest IV—loss of energy as heat. The temperature was normal at rest, and not unduly raised after exercise, thus excluding III—a disturbance of temperature regulation. The peripheral circulatory pressure was within normal limits, and varied between 20 and 50; this did not completely exclude II, because, of course, the peripheral flow is only proportional to the pressure under constant conditions and a normal or even raised pressure is compatible with a decreased flow in conditions of narrowing or obstruction of the peripheral tubules. Percussion at the base of the petrol tank elicited the normal dullness, excluding I (a)—a dietary deficiency.

Attention was, for these reasons, focused upon the remaining subdivisions of I in the differential diagnosis, and a process of systematic elimination continued.

(b) Radiography is not always essential to the diagnosis of obstruction, and in this case insufflation of the fuel canal from its proximal end produced the normal fluid sounds and thrill at the distal end. It should

perhaps be mentioned that post-cylindrical obstruction, a rare condition, was excluded by auscultation at the posterior ostium, where normal discrete sounds were heard.

(c) Unbalanced intake is usually either congenital or iatrogenic, and unless the history suggests recent interference, should only be a diagnosis of exclusion, when a therapeutic test may be performed by observing the effect of constriction and dilatation of the jet orifices.

(d) There was no evident gross obstruction of the external air passages, and in its absence the remarks made in (c) above apply very largely to this condition.

(e) 1. Multiple plug eversion was carried out and inspection of the intra-cylindrical portions revealed no abnormality and no arrhythmia of the discharges—the latter observation is not a conclusive one, but is in the author's experience reliable, although others may prefer oscilloscopy as a method of exclusion of agalvaniasis.

(e) 2. Compressionometry was performed and showed a significant fall in pressure in the posterior cylinder—this test is usually regarded as a laboratory investigation, but there is no reason why it should not gain a wider use, the technique is simple and does not require constant practice, whilst the instrument is no more cumbersome to carry than an aneroid sphygmomanometer; vacuumetry is a similar though less specific investigation—on this finding a diagnosis of valvular lesion was made.

Subsequent laparotomy confirmed this diagnosis, the lesion proving to be a fracture of the helical retro-valvular lumbricoid, which was replaced at the same operation, and this completely alleviated the weakness.

Like every tale this one has a moral, and like all the best tales this one leaves the reader to draw it for himself.

---

“SO TO SPEAK . . .”

4-D

You must see that marvellous Mexican film of Einstein's.—*Cultured voice.*

## IN PRAISE OF . . . SKI-ING

by JOHN HOWKINS

It is a curious thought that the Alpine sport of ski-ing was originally made popular over fifty years ago by a nation whose annual snowfall averages a few inches of muddy slush except in the remote Cairngorms. For many years the giants of the golden age of British ski-ing such as Mackintosh and Bracken, under the able tutelage of Arnold Lunn, dominated the Alpine scene and, when I first visited Switzerland in 1919, the prosperity of the Winter Season depended largely upon the English invader who had established proprietary extra-territorial rights over the winter sports centres. Ski-ing has now become a great international pastime in which the central European has surpassed our erstwhile prowess by virtue of his easy and frequent access to the great Continental ski fields, but we can still enjoy the glories of the past and the pleasures of the present in an annual pilgrimage to the scene of our former triumphs. If, in the future, a sufficient number of English enjoy and support this thrilling pastime, we may again see a properly trained and adequately financed team of our young skiers in the forefront of the great ski-races. It is not unreasonable that one day a member of this team may be recruited from the recently rejuvenated Bart's Ski Club.

The fascination of a Swiss holiday starts in the cold fog and rain of a Victoria noon; the breast pocket bulging with the unaccustomed pressure of passport and foreign currency and the heart beating a little fast at the ominous weather report of the Channel passage. But the real thrill and the high spot of the journey is the entrainment in that most magic of all trains, the Orient Express, peopled by the ghosts of beautiful international spies and the babel of Continental tongues. Through the dusk of Northern France, the long night journey starts: aperitif, dinner, Paris, sleep, douane, passports, and then imperceptibly dawn—a Swiss dawn of unreal green light on the slowly brightening peaks until the full glory of the mountain scene is revealed beyond Lausanne. Outside is a fairyland of pine tree and chalet, mountain and snow, wood-smoke, coffee and cigar, and everything unbelievably neat and clean. Almost regretfully

the Orient is exchanged for one of those tiny mountain trains and the last breath-taking lap of the glorious journey begins. Up giddy gradients through gorge and tunnel, over waterfall and under great frozen icicles and into ever-deepening snow and brighter light the track twists always higher until suddenly before the travellers' eyes gleams the supreme splendour of his own delectable mountains. To gaze for the first time on these superb monsters is an unforgettable experience which the passage of the years can never dim and from the contemplation of which is derived a deep spiritual satisfaction.

Each one will have his own impressions on alighting from the mountain train—the dazzling light, the warmth of the sun, the mountain air, the crystalline purity and dryness of the snow, the bells on the sleigh horses, the brilliant colours of the skiers' costumes, the village street, the gay brown-faced people and the never-to-be-forgotten smell of the hotel floor polish. This is a precious moment to be carefully savoured against the dull, drear days to come.

The idea of coming to Switzerland was to ski and the bewildered novice will see gorgeous creatures of either sex performing the most hair-raising feats of speed and control on the slopes. He will be agog to emulate them and, though this takes time, a great deal of fun can be obtained in this painful process. At last, he is able to navigate the gentlest slope without digging a large grave by performing that safest of ski-ing turns, the sitzmark. A tremendous amount of exercise can be taken in a day's ski-ing. A good runner can easily descend an aggregate of 20,000 feet by synchronising his arrival at the bottom with the departure of the next funicular to the top. But the exercise taken by these aces is nothing to the antics of the beginner who will be far stiffer after his first day than he was after his first equestrian excursion. This energetic sport can best and most safely be enjoyed by the young athlete of either sex whose bones are tough and muscles strong. Any intending participants will be wise to undergo a period of training for those muscles which are especially needed for ski-ing, such as the anterior

tibials, peronei and quadriceps. Under the expert guidance of an instructor, it is amazing in how short a time the clumsy beginner, completely out of control, begins to enjoy the easier local runs and he will then know that most lovely experience of having lunch in the high Alps under the blazing sun as he contentedly munches the enormous selection of foods that the hotel provides. His eyes can feast on a magnificent panorama of peaks most of which are over 4,000 metres. London, Bart.'s, patients, exams., the dour struggle for existence, international problems and his own personal worries are so far away as to belong to another world. He puts on his skis and, with increasing confidence, control and speed, to the soft hiss of his blades on the crystalline snow or the more noisy patter that they make on the piste, he eventually reaches the bottom breathless, glowing, triumphant, hungry and thirsty. The evening is pleasantly passed,

drinking, dancing, singing, sleeping, or re-counting in great detail the thrill of that last breath-taking schuss through the glade, where, with the speed and accuracy of an arrow, the Alpine hero projected himself into space over unsurmountable hazards, turned with complete nonchalance and perfect control round a fallen companion and so ended the perfect run of a perfect day—no fall, of course. A modest estimate of his speed will fall somewhere between the maximum of his chief's car and last year's record for the Gornegrat Derby.

And so each day passes always better than the one before until at last fit, tired, bruised but triumphant, he sits once more in the Orient, but going the wrong way. The party of skiers has become strangely silent but their minds are busy with a simple sum—how many weeks till next year and how to raise the wind for the next trip.

---

### A MOZART CONCERT

United Hospitals Festival Choir

Philharmonia Orchestra

A concert will be given on Wednesday, January 20, 1954, at 7.30 p.m., in the Royal Albert Hall.

The programme will be as follows:—

Overture: The Marriage of Figaro.

Horn Concerto, No. 4 (K495). *Soloist*: Dennis Brain.

Symphony No. 40, in G minor (K550).

Requiem Mass, *with guest soloists*.

Conductor: COLIN RATCLIFFE.

Tickets—2s. 6d. to 10s., from the Royal Albert Hall (KEN 8212).



## LETTERS TO THE EDITOR

### RALPH CROWLEY

*The Editor,*

*St. Bartholomew's Hospital Journal.*

Dear Sir,

The late Ralph Crowley was an outstanding man in wisdom, character and learning.

He applied for the post of House Physician after qualifying, but his name could not be put forward because of his religious principles. He did a couple of house appointments and applied a second time and again could not be considered.

He took another appointment and gained his M.D. degree and thus armed was accepted by Sir Dyce Duckworth, who later boasted of his good fortune.

Crowley's cousin, Egbert Morland, also a Friend, who became the editor of "The Lancet," followed him and the writer, a third Free Churchman, became his Junior House Physician.

Clerking under Ralph Crowley was an education in far more than medicine. His attitude to the Nursing Staff was delightful, the patients in Matthew and John Wards adored him and welcomed his cheerful smile. We, his clerks, were enthused by his personality, individual interest and the infinite patience he had in training our observation.

His services to the City of Bradford and his national service under Newman are matters of common knowledge, but his breaking of the barrier which prevented full entrance into the profession was his first great accomplishment.

His enthusiasm and example have remained an inspiration to me through over half a century of General Practice.

Yours sincerely,

PENRY ROWLAND.

Wellesley House,  
Colchester.

### MEDICAL EDUCATION

*The Editor,*

*St. Bartholomew's Hospital Journal.*

Sir,

I was an interested member of the audience at the discussion on medical education held in College Hall last Tuesday, and I offer my congratulations to the Abernethian Society and all those who helped to organise this excellent meeting. It was refreshing to see so much enthusiasm and to hear

the very stimulating discussion which took place. Practically all those who have talked to me about this meeting have commented on the high standard of the contributions made by the set speakers and the members of the audience.

During the course of the meeting I felt an urge to take part, but decided to wait for a lull in the proceedings. No lull came, and my piece remained unsaid. However, I hope you will permit me to make a few comments on topics which were discussed, and on one not discussed or even referred to, at the meeting in College Hall.

*Changes in the curriculum and general teaching.* Many interesting suggestions were made but, as pointed out by Professor Christie and the Dean, our college and the university have already considered many of the points raised. In some cases it has been found that there is no general demand for the special facilities requested. There are several changes which many of us would like to make in the pre-clinical curriculum, to ensure better integration of the course, but these changes could not be made, either for financial reasons or because they could not be fitted into the general framework of the courses in the London M.B. examinations. Wherever possible, however, the relevant syllabuses are being made as flexible as possible to allow considerable latitude to the various medical colleges.

*Interchange of clinical students.* Most of us who have been abroad to study and do research hold the opinion that an individual usually derives the maximum benefit from such experience if he has completed his graduate course and has had at least two years' post-graduate experience in his home country before going abroad.

*Apathy.* In my view one of the most difficult problems which faces us in relation to the education of our medical students is the apathy which exists amongst many of the present generation with regard to activities which are not directly related to examination subjects.

I believe that this session there has been a slight but significant increase in enthusiasm for games, etc., and I think that I can safely add that this improvement will bring as much pleasure to the teaching staff as to the students of our college. With the interests of the Students' Union in my mind, I suggest that the present might be an opportune time for the Students' Union Council to consider ways and means for fostering and encouraging this developing interest and enthusiasm.

Yours faithfully,

A. WORMALL.

Dept. of Biochemistry and Chemistry.



## SPORT

## FOOTBALL

For some time now there have been no reports from the Soccer Club in the Journal, largely because our results were so depressing we were ashamed to submit them for publication. Nor have we found it easy to recover from the position to which we so easily sank last season. As Virgil says:

... Facilis descensus Averno.  
Sed revocare gradum superasque evadere ad auras,  
Hoc opus, hic labor est.'

*Aeneid 6.*

Recently, however, there has been something of a renaissance and we are now in the happy position of winning more games than we lose. These were the matches we played in November:

**SAT., 7th, v. OLD OWENS** (away).

**Won 6-2** (King 3, Gould, Pilkington, Viner).

This was a rather indifferent game on a sloping pitch with a strong crosswind that made ball control difficult.

**WED., 18th, v. SWISS MERCANTILE COLLEGE** (home).

**Won 6-0** (King 4, Gould, Pilkington).

The language difficulty has always prevented us from finding out just why the Swiss should want a Mercantile College. Our guests played true Continental-style football which helped to produce a very fast game.

**SAT., 21st, v. ST. GEORGE'S** (home).

**Won 6-2** (Gould 4, Dr. Grassby, Roberts).

A pleasant game.

**WED., 25th, v. ST. MARY'S.**

**Won 10-1** (King 4, Berry 3, Gould 3).

It is difficult not to sound a trifle smug when writing of this match, for Mary's have a reputation. For this match anyway they had no answer to the short passing game and at the interval we were 4-1 up. Afterwards the score mounted steadily and we gradually migrated further and further into our opponents' half until, with a heavy white mist of a chill November evening beginning to form and our goalkeeper plaintively demanding a sweater, we reached double figures just before the end.

**SAT., 28th, v. ST. THOMAS'S** (away).

**Won 4-1** (Gould 2, Berry, Pilkington).

This was undoubtedly the worst game of the season so far for we played on a sodden pitch with a ball that rapidly became heavy and greasy. We are looking forward to getting back to our own well-drained, well-kept ground at Chislehurst.

## RUGGER

**Bart's v. Old Alleynians.** Lost 10-0.

Bart's were unable to score their first win of the season at Dulwich, although somewhat improved after the advantages of a tour. The game was uninspiring and many chances were thrown away by both sides through fundamental mistakes. The Bart's play lacked planning and there was too much pure individual effort. The forwards played better than has been seen this season, but there is still much fire and hustle missing from such a strong-looking crowd of men. The loose scrumming was particularly weak although Macadam worked hard to stimulate the pack to look for the ball, bind and heel quickly. This ideal was never attained. Graham used his height in the lineouts to advantage and Tamlyn had a good game at wing forward.

Only Davies could show any form in the three-quarters where he used the element of surprise and sidestep well, but he was not backed by any other player in the team. Charlton gave a much better service from the scrum and showed more of last season's promise. The penalty kicking was noticeably very poor.

The Old Alleynians scored their first try on the right wing when Capon ran round the end of the line and raced for a try unharmed. The second try was scored from a crosskick which was misfielded under the posts to give the O.A. pack a walkaway try and also showed up the poor covering by the Bart's forwards at that stage.

**Team:** D. K. Downham, J. Williams, M. J. A. Davies, J. K. Murphy, B. Badley, G. Scott Browne, C. A. C. Charlton; I. Macadam, H. Jewel, D. Dobson; D. W. Roche (capt.), K. E. A. Norbury, G. W. Tamlyn, M. N. Graham, D. Mulchy.

One consolation to the season has been the victory, for the second year running, of the rugger boat. Congratulations.

---

The Editor wishes to remind club secretaries that reports should be sent to him or to the Sports Editor by the first day of the month previous to that of publication.

## HOSPITAL APPOINTMENTS

The undermentioned appointments to the Medical Staff will take effect from the dates indicated :

**Orthopaedic Department**

Registrar ... .. Mr. A. J. Harrold, F.R.C.S., from January 1, 1954  
(vice Manning)

**Mr. Hume's Firm**

Junior Registrar ... .. Mr. M. M. Whiteley from January 1, 1954 (vice  
Freeman)

**Mr. Hosford's Firm**

Junior Registrar ... .. Mr. N. A. Green from January 1, 1954 (vice Slack)

**Surgical Professorial Unit**

Junior Registrar ... .. Mr. M. Braimbridge from January 1, 1954 (vice  
Birnstingl)  
(Mr. T. Thorlaksen was acting locum tenens until  
December 31, 1953)

## RECENT PAPERS BY BART'S MEN

(Material received up to November 25, 1953)

- ABRAHAM, Sir Adolphe. Periodic medical over-  
haul. *Lancet*, Sept. 26, 1953, pp. 671-678.
- \*ALMENT, E. A. J., and NICOL, C. S. Vaginal  
ulceration due to potassium permanganate.  
*Brit. Med. J.*, Oct. 3, 1953, pp. 759-760.
- ANDREASON, A. T. (and WATSON, F.). Experimental  
cardiovascular surgery. Discussion of results  
so far obtained and report on experiments  
concerning a donor circulation. *Brit. J. Surg.*,  
41, Sept., 1953, pp. 195-206.
- ANDREWES, C. H. The common cold. *Brit. Med.  
Bull.*, 9, 1953, pp. 206-207.
- , (and others). Propagation of the common-  
cold virus in tissue cultures. *Lancet*, Sept. 12,  
1953, pp. 546-547.
- , Viruses yesterday, to-day and to-morrow.  
*Brit. Med. Bull.*, 9, 1953, pp. 169-171.
- BADENOCH, A. W. Vasco-epididymal reflux syn-  
drome. *Proc. Roy. Soc. Med.*, 46, Oct., 1953,  
pp. 847-849.
- \*BETT, W. R. Charles Gabriel Pravaz (1791-1853).  
Alleged inventor of the hypodermic syringe.  
*Nurs. Mirror*, 98, Oct. 2, 1953.
- \*—, Walter Pye, F.R.C.S. (1853-1892) *Annals  
Roy. Coll. Surg.*, 1953, pp. 269-271.
- BLACKBURN, Guy. Acute cholecystitis. *Med. Illus.*,  
1953, pp. 793-797.
- BOURNE, Geoffrey. Discussion on hypertension—  
clinical varieties. *Proc. Roy. Soc. Med.*, 46,  
1953, pp. 704-706.
- \*—, and CURETON, R. J. R. Haemachromatosis  
of the heart. *Lancet*, Oct. 31, 1953, pp. 917-  
918.
- BROCKLEHURST, R. J. Progress in medical educa-  
tion, 1-3. *Medical Press*, 230, Sept. 23 and 30,  
Oct. 7, 1953, pp. 307, 333 and 358.
- BURROWS, H. Jackson. An even keel in ortho-  
paedics. President's address. *Proc. Roy. Soc.  
Med.*, 46, 1953, pp. 805-808.
- \*CHOLMELEY, J. A. Tuberculous bone and joint  
conditions revealed by X-rays. *N.A.P.T. Bull.*,  
Oct., 1953, pp. 168-170.
- CURETON, R. J. R., see BOURNE, Geoffrey, and  
—.
- CURWEN, M. P., see WILLIAMS, I. G., and others.
- DISCOMBE, G., (and others). Cutaneous manifes-  
tations of porphyria. *Brit. Med. J.*, Nov. 21,  
1953, pp. 1134-1136.
- \*ELLIOT, J. R. The development of cotton wool  
as a wound dressing. Read at the 15th Assem-  
bly Int. Fed. Pharm., Paris, 1953. [Typescript.]
- FINLAYSON, R. Osteogenic sarcoma with multiple  
skeletal tumours. *J. Path. Bact.*, 66, 1953, pp.  
223-229.
- FLETCHER, E., (and others). Sputum in chronic  
bronchitis; effects of antibiotics. *Lancet*, Oct.  
31, 1953, pp. 903-906.
- \*FORDHAM, M. Clinical studies in marriage and the  
family: a symposium on methods, II. *Brit.  
J. Med. Psych.*, 26, 1953, pp. 197-203.
- FRANKLIN, A. White, and GARROD, L. P. Chloram-  
phenicol treatment of bronchiectasis in child-  
ren. *Brit. Med. J.*, Nov. 14, 1953, pp. 1067-  
1069.
- FRASER, Sir Francis R. Privileges of a learned  
profession. *J. Roy. A. Med. Corps*, 99, Oct.  
1953, pp. 195-202.
- GALBRAITH, H-J. B., see SIMON, George, and —.
- \*GARROD, L. P. La scelta dei chemioterapici nelle  
infezioni batteriche. *Recenti Progressi in  
Med.*, 14, 1953, pp. 285-306.
- \*—, see also FRANKLIN, A. White, and —.
- \*HARLAND, D. A case of multiple calculi in the  
large intestine with a review of the subject  
of intestinal calculi. *Brit. J. Surg.*, 41, Sept.,  
1953, pp. 209-212.
- \*HARMER, M. Antibiotics in surgery. *Med. Press*,  
230, Nov. 18, 1953, pp. 490-493.

- \*HARMER, W. D. The treatment of cancer of the larynx by interstitial radium needles. *Brit. Med. J.*, Oct. 3, 1953, pp. 735-740.
- HAROLD, J. T., see OSWALD, N. C., and others.
- \*HODGSON-JONES, I. S., MACKENNA, R. M. B., and WHEATLEY, U. R. The surface skin fat in seborrhoeic dermatitis. *Brit. J. Derm.*, 65, July-Aug., 1953, pp. 246-251.
- HOWELL, Trevor H. Westmoor. *B.R.A. Review*, Sept., 1953, pp. 326-327.
- JONES, F. Avery. On making the maximum use of hospital beds. *Hosp. Officer*, 5, Nov., 1953, pp. 26-29.
- KERSLEY, G. D. Recent advances in the treatment of the rheumatic diseases. *Black Bag*, 10, 1953, pp. 16-18.
- KNOTT, J. M. S., and SIMON, George. The technique, clinical application and radiological aspects of cardiac catheterisation. *Radio-graphy*, Oct., 1953, pp. 211-217.
- \*KNOX, R., (and others). Bacteriological control of therapeutic trials in pulmonary tuberculosis. *Lancet*, July 25, 1953, p. 155.
- \*—, (and others). Chemotherapy of pulmonary tuberculosis. *Lancet*, July 25, 1953, p. 152.
- LEHMANN, H., (and others). Prolonged apnoea following injection of succinylcholine. *Lancet*, Nov. 21, 1953, pp. 1067-1068.
- , (and others). Sickle-cell trait and blood-group in Greece. *Lancet*, Oct. 31, 1953, pp. 909-911.
- \*McGRIGOR, R. B. An infected cystic pancreas causing duodenal obstruction. *Brit. J. Surg.*, 41, 1953, pp. 222-224.
- MACKENNA, R. M. B., see HODGSON-JONES, I. S., and others.
- MURLEY, R. S., see WILLIAMS, I. G., and others.
- \*NICOL, C. S. Antibiotics in the treatment of venereal disease. *Med. Press*, 230, Nov. 18, 1953, pp. 505-507.
- \*—, and others. Role of organisms of the pleuropneumonia group in human genital infections. *Brit. J. Ven. Dis.*, 29, 1953, pp. 141-150.
- \*—, and others. Studies in cardiovascular syphilis. III The natural history of syphilitic aortic insufficiency. *Amer. Ht. J.*, 46, July, 1953, pp. 117-145.
- , see also ALMENT, E. A. J., and —.
- O'CONNELL, J. E. A. The cerebrospinal fluid pressure as an aetiological factor in the development of lesions affecting the central nervous system. *Brain*, 76, 1953, p. 279.
- \*OSWALD, N. C., and others. Clinical pattern of chronic bronchitis. *Lancet*, Sept. 26, 1953, pp. 639-649.
- \*PARKINSON, T. Pleural pericardial and peritoneal tap. *Brit. Med. J.*, Oct. 31, 1953, pp. 985-986.
- RAVEN, R. W. Cancer and the community. *Brit. Med. J.*, Oct. 17, 1953, pp. 850-852.
- ROUALLE, H. L. M. The significance of goitre. *Med. Press*, Nov. 11, 1953, pp. 469-474.
- SEDDON, H. J. The pathology of lower motor neuron disturbances in relation to treatment. *Physiotherapy*, 39, Oct., 1953, pp. 257-260.
- SIMON, George and GALBRAITH, H. J. B. Radiology of chronic bronchitis. *Lancet*, Oct. 24, 1953, pp. 850-852.
- , see also KNOTT, J. M. S., and —.
- STALLARD, H. B. Anterior flap sclerotomy with basal iridencleisis. *Brit. J. Ophthalm.*, 37, 1953, pp. 680-688.
- \*TAYLOR, W. N. A background to health and social problems of South Africa. *Health Educ. J.*, 11, Oct., 1953, pp. 201-206.
- \*—, Health and fundamental education in backward communities. *Health Educ. J.*, 11, April, 1953, pp. 58-62.
- WHEATLEY, V. R., see HODGSON-JONES, I. S., and others.
- \*WHITBY, M. Diagnosis of aseptic mechanical upper urinary observation. *S. African Med. J.*, 17, 1953, pp. 703-704.
- \*WILLIAMS, I. G., and others. Carcinoma of the female breast: conservative and radical treatment. *Brit. Med. J.*, Oct. 10, 1953, pp. 787-796.
- \*WINNICOTT, D. W. Transitional objects and transitional phenomena. *Internat. J. Psychoanalysis*, 34, 1953, II.
- \* Reprint received and herewith gratefully acknowledged. Please address this material to the Librarian.

---

## COLLEGE PRIZES

### PRIZE IN HISTOLOGICAL DRAWING, 1953

Awarded to: D. G. BILLARDIS and J. H. LEWIS, aeq.

---

**Why you should prescribe**

**ROTER**

**ROTER Peptic Ulcer Tablets**

*Give Immediate Symptomatic Relief—Long-Term Benefit*

Rapidly extending clinical experience clearly indicates the out-standing therapeutic success of ROTHER in peptic ulcer.

ROTER promptly abolishes subjective manifestations such as pain, discomfort and nausea.

Accelerates healing, without undue dietary restrictions.

Provides a true ambulatory treatment which is entirely free from the risk of unpleasant side-effects. Often obviates hospitalisation or surgical intervention.

**ROTERCHOLON**

*Provides A New Type of Hepato-biliary Therapy*

ROTERCHOLON gives a new and remarkably efficient approach to the treatment of cholecystitis, cholangitis and associated conditions.

ROTERCHOLON has an unusually potent choleretic and cholagogic action.

Possesses biliary antiseptic, sedative and mildly laxative properties.

Stimulates digestive function and favours assimilation of fat and fat-soluble vitamins. Thus it relieves inflammation of the biliary tract, inhibits formation of calculi and gives marked symptomatic relief.

*Literature on, and a clinical trial supply of, the above products will be gladly sent on request.*

**F.A.I.R. LABORATORIES LTD.**

179 HEATH ROAD, TWICKENHAM, MIDDLESEX.

Telephone: POPesgrave 2028

**ROTER**

## *So you're going to be a doctor . . .*

You'll need good books and we recommend an early visit to the **LLOYD-LUKE** bookshop

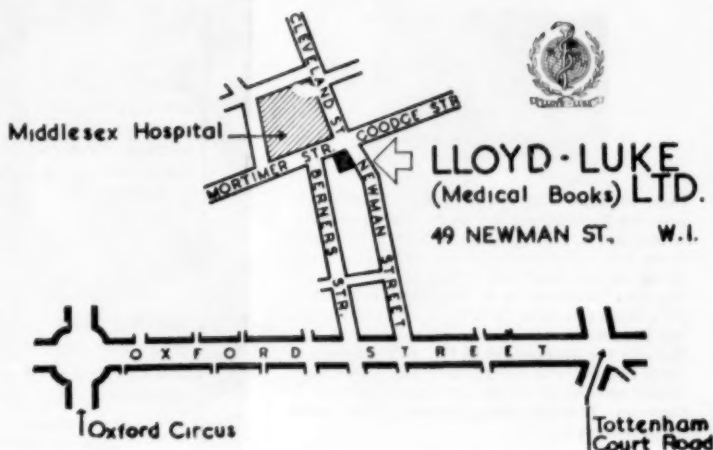
Select your text books from our comprehensive stock

Open daily 9 a.m.-6 p.m. Saturdays until 1.30 p.m.

**LLOYD-LUKE**  
(MEDICAL BOOKS) LTD.

49, Newman Street  
London, W.1.

Tel : Langham 4255



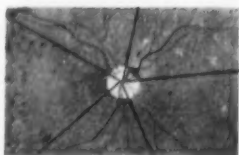
- The same high standard of security and service which characterises "Car & General" Motor Policies applies to every other class of business transacted by the Company. A 'phone call (WHitehall 6161) or a postcard will bring you full information by return.

**PERSONAL  
ACCIDENT  
BURGLARY  
GOLFERS  
Comprehensive  
Home  
FIRE**

**CAR & GENERAL** INSURANCE CORPORATION LTD.  
83 PALL MALL, LONDON, S.W.1



## HAMBLINS MINIATURE SLIDES



These miniature lantern slides in full colour are intended for teaching and study. They comprise, in addition to a wide range of external diseases of the eye and normal and abnormal fundi, the special series described below.

The John Foster series of Comparative pictures of Fundus changes of General Diagnostic Significance.

Made to the suggestions of Mr. John Foster, of Leeds, each of these slides presents simultaneously several conditions which may cause confusion in diagnosis. The five slides forming these series are as follows:—

**M.F. 29. NORMAL ABNORMALITIES**  
Showing: Physiological cup  
Myopic conus  
Medullated Nerve Fibres  
Pseudo-Papilloedema.

**M.F. 30. PIGMENTARY CHANGES**  
Showing: Blonde Fundus.  
Average British Fundus.  
Mediterranean (Tigroid) Fundus.  
Negro Fundus.

**M.F. 31. DISC CHANGES**  
Showing: Primary Optic Atrophy  
Secondary.  
Papilloedema.  
"Cupping"  
(Consecutive Optic Atrophy) Retinitis  
Pigmentosa.

**M.F. 32 HAEMORRHAGES**  
Showing: Retinal Haemorrhages from:  
Nephritis.  
Hyperplemia and  
Diabetes.  
Blood Disease.

**M.F. 33. DETACHMENTS  
CHOROIDITIS.**  
Showing: Myopic Detachment  
Melanomatous Detachment  
Acute Choroiditis  
Colloid deposits. (Tays Choroiditis).

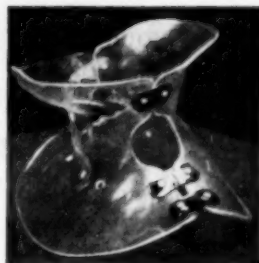
The entire collection together with a daylight viewing apparatus may be seen at Hamblin's showrooms at 11-15, Wigmore Street, where it will be gladly demonstrated.

**THEODORE  
HAMBLIN LTD**  
DISPENSING OPTICIANS  
15 WIGMORE STREET  
LONDON, W.1

ESTABLISHED IN 1849

*Old in experience but young  
in ideas*

**M. MASTERS & SONS LTD.**  
240, New Kent Road SE.1.



THIS IS  
OUR PLASTIC  
CERVICAL COLLAR,  
LIGHT IN WEIGHT  
HYGIENIC TO WEAR  
AND NEAT IN  
APPEARANCE

*We manufacture all types of  
ORTHOPAEDIC & SURGICAL APPLIANCES  
and are anxious to cooperate with  
doctors and surgeons to design the correct  
appliance for the individual patient.*

Phone: RODNEY 3441/2  
ALSO AT LIVERPOOL AND BRISTOL

## ROYAL NAVAL MEDICAL SERVICE

Candidates are invited for service as Medical Officers in the Royal Navy—preferably below 28 years.

They must be British subjects whose parents are British subjects, and be medically fit. No examination will be held but an interview will be required.

Initial entry will be for 4 years' short service after which gratuity of £600 (tax free) is payable, but permanent commissions are available for selected short service officers.

Officers transferred to Permanent Commissions will be paid a grant of £1,500 (taxable) on completion of one year's service.

Consideration will be given to the grant of up to a maximum of seven years ante-date of seniority in respect of approved periods of service in recognised civil hospitals, etc.

*For full details apply:—*

**MEDICAL DIRECTOR-GENERAL  
ADMIRALTY, S.W. 1**



# **TWO WEEKS' TEST**

**will tell you why**

**more people are smoking**

## **du MAURIER**

**THE FILTER TIP CIGARETTE**

The purer the smoke the greater the enjoyment. That's the simple principle behind the du Maurier filter. That is why more and more people are smoking du Maurier cigarettes, because they find — just as you will — that the du Maurier filter *adds* to the pleasure of

smoking by allowing nothing to spoil the true flavour of the tobacco. But why not put it to the test? If you will smoke du Maurier and nothing else for two weeks you will discover for yourself the *special* appeal of these fine filter-tipped cigarettes.

---

**CORK TIP IN THE RED BOX • PLAIN TIP (MEDIUM) IN THE BLUE BOX**

---

# DALMAS



## ADHESIVE DUMB BELL "STITCH - SAVERS"

A Dalmas adhesive "Stitch-saver" is made of closely woven, flesh coloured fabric with an antiseptic plaster backing which adheres instantly to the skin. The central portion of the dressing is protected from the wound edges by a small strip of antiseptic gauze.

It is applied simply by laying it across the edges of a cut, which are thereby held firmly together. One stitch-saver is applied to each  $\frac{1}{2}$ " of wound. Gentle pressure afterwards ensures its secure adhesion and therefore apposition of the cut edges.

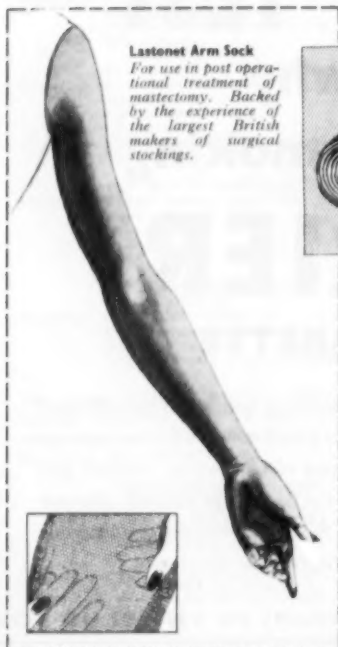
It is a new technique in every way as practicable as using the surgical stitch, but without the pain and instruments.



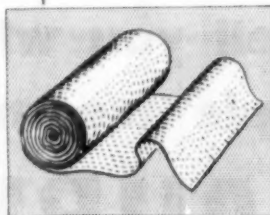
The dumb-bell ends are designed to withstand the stresses of movement and to keep the wound edges in position until healing is secure. They are removed in 7-14 days; no scissors are necessary, only a pair of forceps and a little ether and gauze.

Made by DALMAS LTD., (Est. 1823) JUNIOR ST., LEICESTER. Tel.: 65261  
London Depot: 140-142, St. John Street, London, E.C.1. Tel.: CLERK 3399

CP2



**Lastonet Arm Sock**  
For use in post operational treatment of mastectomy. Backed by the experience of the largest British makers of surgical stockings.



### Elastic Bandage

A Lastonet bandage provides firm and constant support without restricting movement. It will not easily work loose.

The advantage of Lastonet is that it stretches equally in all directions to afford full and even support in every movement of the limb. The net is also light in weight and self ventilating.

When the need is **SUPPORT**  
prescribe a

**Lastonet**  
E-L-A-S-T-I-C  
SURGICAL PRODUCT  
NOW EASILY OBTAINABLE

LASTONET PRODUCTS LTD., CARN BREA, REDRUTH, CORNWALL

## Why MIXOGEN is prescribed for menopausal symptoms

Because it is now established that :—

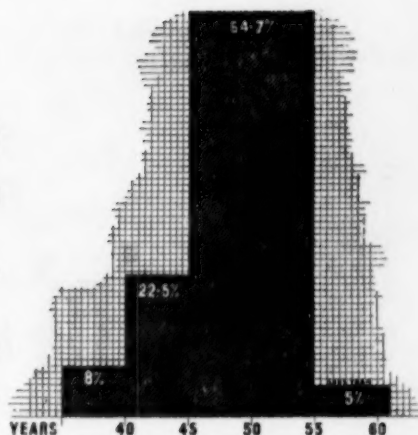
- combined male and female hormone treatment is the most effective in this condition.
- the correct balance of the two hormones is essential both for efficacy and economy—determined by extensive clinical trial in the U.K. and unique to Mixogen.
- both the hormones in Mixogen are completely effective when swallowed—thus maximum, immediate relief is given in the simplest and most convenient way.



**Dosage:** Initially 1-2 tablets daily, reducing when possible.

**Packs:** Perspex tubes of 25 tablets and bottles of 100, 250 and 500.

Literature on request.



Graph showing percentages of average age of onset of menopause, drawn from figures compiled by the Council of Medical Women's Federation in England.

# MIXOGEN

**ORGANON LABORATORIES LIMITED**

BRETENHAM HOUSE • LANCASTER PLACE • LONDON, W.C.2

Telephone: TEMple Bar 6785-6-7, 0251-2.

Telegrams: Menformon, Rand, London



FOR MINIMAL TISSUE TRAUMA ...

Ethicon Mersutures meet all current surgical techniques. Sutures guaranteed for extra tensile strength and consistent gauging. Available with catgut, silk, silkworm gut. Needles are always sharp, retain their shape. Improved flattened area ensures better grip for needle-holder. Full range available.

**ETHICON EYELESS-NEEDED**  
TESTED AND GUARANTEED ATTACHMENT  
**MERSUTURES** REGD.

Illustrated catalogue available on request

MANUFACTURED AND GUARANTEED BY ETHICON SUTURE LABORATORIES LIMITED BANKHEAD AVENUE SIGHTHILL EDINBURGH

# B.D.H. introduces

## An advance in oral iron therapy

Clinical trials have shown that Anorvit, the new B.D.H. preparation of iron with vitamins C and K provides most effective absorption of iron with remarkable freedom from gastro-intestinal disturbance.

### 'ANORVIT'

TRADE MARK

Tablets containing ferrous sulphate, exsiccated, 3 grains (200 mg. approx), ascorbic acid 10 mg. and acetomenaphthone 2 mg.

**DOSAGE:** Children—1 tablet 2 or 3 times a day  
Adults—2 tablets 3 times a day

Basic N.H.S. price:  
Bottles of 50 tablets 1/10 and 500 tablets 9/6

## A new treatment for threadworm infestation

Entacyl (piperazine adipate tablets) is a particularly effective oxyuricide with the following advantages—Rapid action—Pleasant taste—No nausea or other side effects even in young children—complete eradication without an enema.

**DOSAGE:** 1 tablet per day per year of life up to the age of six years. Over six years of age 2 tablets three times a day. This dosage should be administered for one week.

### 'ENTACYL'

TRADE MARK

(Brit. Pat. Appn. No. 59127/53)

Tablets containing Piperazine Adipate 300 mg.  
Basic N.H.S. price: Bottles of 25 at 3/- and 100 at 10/-

*Detailed literature and specimen packings are available on request.*

MEDICAL DEPARTMENT

THE BRITISH DRUG HOUSES LTD. LONDON N.1

ANEN/8/531